Fill	I in this information	to identify your case:						one box only as directed   22A-1Supp:	in this form and in	
D	ebtor 1	Christopher	John	Ronk				•		
_		First Name	Middle Name	Last Name			<b>1</b> 1. Th	nere is no presumption of	abuse.	
	Pebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			of ab	ne calculation to determin ouse applies will be made ons Test Calculation (Office	under <i>Chapter 7</i>	
	Inited States Bankru	intey Court for the:	West	ern District of	Washington			•	•	
	Case number	ipicy Court for the.		CITI DIGUIOL GI	vasimgton		_   <b>□</b> 3. Th of qu	ne Means Test does not a alified military service bu	apply now because it it could apply later.	
_	f known)						Cher	ck if this is an amended t	filing	
_		1001							9	
<u>Ot</u>	fficial Form	<u>122A-1</u>								
Cł	hapter 7 S	Statement	of Your (	Current	t Month	าly I	ncome		12/19	
atta and bec with	ch a separate shee case number (if kn ause of qualifying r n this form.	t to this form. Includ lown). If you believe	e the line number that you are exem plete and file <i>Stat</i> e	to which the a pted from a p	dditional info resumption of	rmation f abuse	applies. On the t	for being accurate. If motop of any additional page not have primarily consider § 707(b)(2) (Official l	ges, write your name umer debts or	
1. What is your marital and filing status? Check one only.  ✓ Not married. Fill out Column A, lines 2-11.										
	☐ Married and yo	our spouse is filing v	vith you. Fill out bo	th Columns A	and B, lines 2	-11.				
		our spouse is NOT fil								
	_	he same household								
	under per	arately or are legally nalty of perjury that your re living apart for reas	ou and your spouse	e are legally se	eparated unde	r nonbai	nkruptcy law that	necking this box, you dec applies or that you and y c. § 707(b)(7)(B).	clare /our	
va e:	01(10A). For examp aried during the 6 m	ole, if you are filing on conths, add the incom	September 15, the second secon	e 6-month peri and divide the	od would be Notal by 6. Fill	March 1 in the re	through August 3 esult. Do not inclu	you file this bankruptcy  1. If the amount of your independent income amount income amount income to report	monthly income more than once. For	
							Column A Debtor 1	Column B  Debtor 2 or  non-filing spou	se	
2.	Your gross wages deductions).	s, salary, tips, bonus	es, overtime, and o	\$5,521	.76	<u> </u>				
3.	Alimony and main is filled in.	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.						.00		
4.	your dependents, unmarried partner roommates. Include	any source which an including child supply, members of your hode regular contribution ents you listed on line	port. Include regula busehold, your depons from a spouse of	\$0	.00					
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating expe	enses	- \$0.00						
	Net monthly incom	ne from a business, p	rofession, or farm	\$0.00		Copy here →	\$0	.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00	2020. 2					
	. `	essary operating expe	enses	- \$0.00	-					
	•		1			Сору				
	Net monthly incom	ne from rental or othe	r real property	\$0.00		here →	<b>\$</b> 0	.00		
7.	Interest, dividend	s, and royalties				,		.00	<u></u>	

Official Form 122A-1

	First Name	Middle Name	Last Name			
				Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
8. Unem	ployment compensa	ition	\$0.0		_	
Do not under	t enter the amount if	you contend that the	amount received was a benefit			
the Sc	cial Security Act. Ins	tead, list it here:	<b></b>			
For yo	u		\$	0.00		
For yo	ur spouse			<u></u>		
benefi do not United disabil retired that it entitled 10. <b>Incor</b> Do no receiv dome the U injury	t under the Social Se include any compen I States Government ity, or death of a mer pay paid under chap does not exceed the d if retired under any ne from all other so ot include any benefit yed as a victim of a vestic terrorism; or con nited States Governit or disability, or deat	scurity Act. Also, exce sation, pension, pay, in connection with a comber of the uniformed oter 61 of title 10, ther amount of retired pay provision of title 10 of curces not listed above its received under the var crime, a crime again pensation, pension, ment in connection wi	any amount received that was a spt as stated in the next sentend annuity, or allowance paid by the disability, combat-related injury it services. If you received any in include that pay only to the exp to which you would otherwise other than chapter 61 of that title it. Specify the source and amount Social Security Act; payments ainst humanity, or international pay, annuity, or allowance paid ith a disability, combat-related uniformed services. If necessarine total below.	tee, or tent be unt.		-
					_	-
Total amou	ınts from separate pa	ages, if any.		+	_ +	-
	•	•	Add lines 2 through 10 for to the total for Column B.	\$5,521.76	<u>+</u>	= \$5,521.76  Total current
Part 2: Dete	ermine Whether t	he Means Test A <sub>l</sub>	pplies to You			monthly income
12. Calculate y	our current monthly	income for the year.	Follow these steps:			
12a. Copy	your total current mo	onthly income from lin	e 11		Copy line 11 here $\rightarrow$	\$5,521.76
Multip	oly by 12 (the numbe	r of months in a year)	).			<b>x</b> 12
12b. The re	esult is your annual i	ncome for this part of	the form.		12b.	\$66,261.12
13. Calculate th	ne median family inc	ome that applies to y				
Fill in the st	ate in which you live.		Washington			
Fill in the nu	umber of people in yo	our household.	1			
To find a list	of applicable media	for your state and size n income amounts, go t may also be availab	in the separate	13.	\$83,121.00	
_	lines compare?					
14a. <b>☑</b> Line Go	e 12b is less than or to Part 3. Do NOT fil	equal to line 13. On the lout or file Official Fo	There is no presumption of	abuse.		
	e 12b is more than lir to Part 3 and fill out		eage 1, check box 2, The presul	mption of abuse is determin	ned by Form 122A-2.	

Debtor 1 Christopher John Ronk Case number (if known)

First Name Middle Name Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Christopher John Ronk

Signature of Debtor 1

Date 09/27/2023

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income**